



## Testimony to the Aging Committee

Presented by Mag Morelli, President, LeadingAge Connecticut

March 8, 2022

Regarding

- **HB 5310, An Act Requiring Nursing Home Facilities to Spend at Least Ninety Percent of Medicaid Funding Provided by the State on Direct Care**
- **HB 5311, An Act Encouraging Socialization for Nursing Home Residents by Providing Transportation for Visits with Family**
- **HB 5312, An Act Concerning Medicaid Coverage for Adult Day Services and Transportation to and from Such Services**
- **HB 5313, An Act Concerning Temporary Price Controls on Services Provided by Temporary Nursing Services Agencies**
- **HB 5314, An Act Deterring Fraud and Abuse Perpetrated Against Senior Citizens**
- **SB 265, An Act Concerning the Notice of Staff-to-Patient Ratios, Room Telephone Access and Asbestos Mitigation Measures at Nursing Home Facilities**

Good morning, Senator Miller, Representative Garibay and Members of the Committee. My name is Mag Morelli and I am the President of [LeadingAge Connecticut](#), a membership association representing not-for-profit provider organizations serving older adults across the entire field of aging services and senior housing including nursing homes, home health care agencies, continuing care retirement communities, assisted living communities and senior housing. I am pleased to present the following testimony on several of the bills that are before you today.

### **HB 5310, An Act Requiring Nursing Home Facilities to Spend at Least Ninety Percent of Medicaid Funding Provided by the State on Direct Care**

LeadingAge Connecticut respectfully opposes this bill for a few reasons outlined herein, and asks the Committee not to move forward with this legislation. The bill as proposed would require that each nursing home summarize their annual cost report for the purpose of public disclosure on the DSS website. We do not oppose the concept of transparency, but all of the cost reports are already posted on the DSS website, and if summaries are to be developed for disclosure purposes, this should be done by the Department in a manner that applies the same method of summarization for each cost report. Requiring the nursing home to create summaries would not only place an additional administrative burden on the nursing home, but it would not ensure that the reports were uniform, consistent or comparable.

We also strongly oppose the requirement that ninety percent of Medicaid funding to be spent on the provision of direct care to nursing home residents, defined to include only care which is providing by nursing personnel. We value the work of the nurses and nursing aides and that care is extremely important, but unfortunately the way this bill is crafted it is unworkable. It is also important to note that Connecticut has a cost-based nursing home rate system which is being transitioned to include an acuity-based component. By its very nature, the cost-based system establishes a Medicaid rate that is calculated using only state defined allowable costs. These documented and reported costs are sorted and capped in five different categories: direct, indirect, administrative and general, property and capital expense. As proposed, the bill excludes allowable costs critical to providing quality resident care, such as the necessities of heat, utilities, food, housekeeping, social work, physical therapy, occupational therapy, nutritional counselling, recreational therapy and other general expenses such as insurance coverage. The current proposal to restrict the spending on these goods and services would be both unworkable and would not be in the best interest of the nursing home resident.

**HB 5311, An Act Encouraging Socialization for Nursing Home Residents by Providing Transportation for Visits with Family**

We have no objection to this bill which is permissive in nature and we appreciate the attempt to provide financial support to facilitate the effort.

**HB 5312, An Act Concerning Medicaid Coverage for Adult Day Services and Transportation to and from Such Services**

LeadingAge Connecticut strongly supports this bill. Adult day services are a truly valuable and cost-effective community-based option. Adult day centers provide older adults with a full day of programming, supervision, assistance, & socialization and even respite for families throughout the state. Certified adult day center services are currently a covered service in the CT Home Care Program for Elders waiver program and are also utilized by many families on the statewide Alzheimer's Respite Program. They are not, however, a covered service in the Medicaid State Plan. We believe it would be beneficial to incorporate adult day services into the Medicaid state plan, rather than keeping it exclusively as a waiver service. This could create further savings for the state, and provide more older adults with the option of choosing adult day service versus the more expense alternatives, and allow them to remain living safely at home and in their community. We urge the Committee's support of this bill.

**HB 5313, An Act Concerning Temporary Price Controls on Services Provided by Temporary Nursing Services Agencies**

We support this proposal which would establish a level of accountability and regulation of the temporary staffing agencies that are servicing the nursing home sector, but we would encourage the Committee to consider expanding the scope to staffing agencies serving the entire health care sector.

During this pandemic and the resulting staffing crisis, we have heard from the full continuum of aging services and health care providers that staffing agencies may be engaging in price gouging and unscrupulous recruitment practices. The state has found that they have no recourse as these entities are neither licensed nor registered by the state and our current price gouging

laws address only goods and not services, such as temporary staffing. We have appealed to the attorney general and to federal authorities regarding the current agency practices, and we would strongly support any legislative efforts to bring reasonable oversight to this sector.

We do believe that there is a need to have this proposal reconciled with the state statute section 19a-123, which defines “nursing pool.” The statutes in that section at one time required registration and rate regulation and while those requirements were repealed, there are other provisions still intact, such as the requirement that the nursing pool enter into a written agreement with the facility and the statute authorizing court actions and imposition of a penalty.

#### **HB 5314, An Act Deterring Fraud and Abuse Perpetrated Against Senior Citizens**

LeadingAge Connecticut strongly opposes the proposed Section 5 of this bill. While we do not oppose the consumer-oriented disclosure requirements proposed in Section 4, we believe that the mandatory language proposed in Section 5 would serve nothing more than to frighten and intimidate Medicaid applicants and their families into paying legal fees to an elder law attorney, whether or not such legal advice is needed or necessary for the completion of their Medicaid application. We urge the Committee to oppose this section.

#### **SB 265, An Act Concerning the Notice of Staff-to-Patient Ratios, Room Telephone Access and Asbestos Mitigation Measures at Nursing Home Facilities**

LeadingAge Connecticut opposes this legislative proposal. First, it would be a tremendous administrative burden for nursing homes to maintain the posting of the continuously changing staffing ratios on their website. Nursing homes are currently required to post the staffing ratios on site, in the facility, and any consumer can call the facility to inquire about the current ratios. As access to this information is readily available, we cannot support the added requirement of the internet posting as proposed in this bill.

We also do not understand the additional requirements set forth in this proposal. The associated costs of nursing home resident in room phone service are not recognized in the Medicaid rate structure and therefore a new requirement would require an associated increase in the Medicaid rate reimbursement. Residential care homes are required by regulation to provide a public telephone. And the issues related to asbestos are difficult to comment on because we do not understand the genesis for this proposal. We would appreciate further information before finalizing our comments on these proposals.

As the Committee evaluates all of the proposals mentioned above, particularly those which establish new requirements on nursing homes and aging services providers, we ask that you take into account the enormous challenge the sector has faced with the COVID-19 pandemic. This period of time has come with constant regulatory changes which required immediate implementation, and has left the sector facing the most severe workforce crisis in recent history. Quality of care is always our first priority and we must therefore consider the time that will be needed to implement new requirements when the staffing shortage is already requiring our employees to take on duties that they may not have traditionally performed in order to address all resident care needs. LeadingAge Connecticut is always willing to work with the

Committee to achieve a balanced approach to policy changes, and we thank you for taking our concerns into consideration.

Thank you for this opportunity to testify and for raising many proposals we support. I would be happy to answer any questions.

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